

June 6, 2012

OBJECTION OF PROPOSED ORDER TO  
EXPUNGE CLAIMS

Maya A. Broady aka Killings  
238 Sawyer Street  
Rochester, New York 14619

United States Bankruptcy Court  
Southern District of New York  
One Bowling Green  
New York, New York 10004-1408

TO: Whom It May Concern: Claims No 70896 & 70925

Once again, I am objecting to the proposed order that I received on Friday, June 1, 2012 to expunge my claims (#70896 & 70925) by the Debtors and its attorneys, DICKSTEIN SHAPIRO LLP based on additional evidence enclosed.

On May 31, 2012, at 9:45 a.m., a telephonically hearing was held by Judge Robert Gerber to expunge my claims. Even though the judge ruled in the Debtors favor, I feel that the Debtor's attorneys based their entire case on hearsay, inaccuracies, hypothesis, and circumstantial evidence versus factual, including questionable evidence and the legitimacy of the evidence that the Debtor's attorney claimed to have received moments before the hearing; proof that I had received the Original Bar Date information in 2009/2010. Even Judge Gerber rebutted the Debtors attorney evidence.

If the document cannot be authenticated, it should not be admissible, but inadmissible for lack of proven authenticity and, therefore, become biased against the claimant (Evidence Law 101), and Rule 901.39 United States v. Alicea-Cardonza,

I also feel that important evidence that I submitted in my response on May 3, 2012 was ignored:

- The e-mail from the claimant dated 1/7/2011 to the Debtors stating that I needed to know what types of claims to file, and the problems that I incurred obtaining information pertaining to the claims, etc. Rule 901.08[3]
- The e-mail from Attorney Conray Tseng dated 2/24/2011 promising to keep me informed, but failed to do so. Rule 901.08[3]
- Documented letter to Attorney Conray Tseng dated 3/25/2011 pertaining to his e-mail dated 2/24/2011, and my response letter to the court dated May 3, 2012.
- Other documents that the court considered prejudicial. Are they prejudicial to the public, other clients, or perhaps prejudicial to the Debtors?

United States Bankruptcy Court  
Southern District of New York  
Page 2

The attached medical statements are also being submitted as burden of proof or evidence for "excusable neglect" that I received numerous medical treatments during 2009/2010. This evidence will refute all allegations and disparaging remarks made by the Debtor's attorney in her Preliminary Statement filed on 5/24/2012, and at the telephone conference on 5/31/2012. Also, I stated in my response dated May 3, 2012 that I experienced problems with my car in 2006, not 2007 as the Debtors attorneys alleges in their Preliminary Statement filed on 5/24/2012 (see Response letter dated May 3, 2012, page 3 for verification). This is just one of many of the Debtor's attorney's inaccurate allegations and statements.

Unless General Motors aka Motors Liquidation and its attorneys do what is morally and ethically right by its past and future employees, and businesses, especially by God's people, their foundation is doomed to crumble once again, and I pray that these words will be etched in their heart because of the constant injustice.

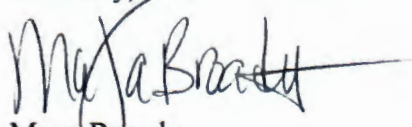
In closing, I am respectfully asking that all parties involved in making the final decision to expunge my claims evaluate themselves for honesty. I feel that the case was steered in favor of the Debtors based on circumstantial evidence, and in many ways, "equity, justice, facts, and law have little to do with the process" but interferes with it." "Justice is incidental to control (J. Edgar Hoover). I understand that rules and regulations must be enforced, but some rules are not right, but they are wrong.

On May 31, 2012, I was discombobulated and mentally disconnected during the teleconference due to lack of sleep caused by a tooth infection that resulted in surgery on Monday, June 4, 2012. This can also be validated by my dentist.

I am asking the court not to expunge my claims; the deadline should be extended for "cause" in order to file the proper claims, which I have no knowledge of receiving, and allow me to seek legal representation. Rule 48.24 (Norton Bankruptcy Law and Practice 3d)

Once again, I have no knowledge of receiving the Original Bar Data information. I am also asking that the Debtors' attorney submit prima facie proof that this evidence actually exist, and it is what the Debtor's attorneys claims them to be; evidence that I received the Original Bar Data documents she has in her possession. Rule 901.37 (Authentication or Identification)

Sincerely,



Maya Broady

cc: Dickstein Shapiro  
Barry N. Seidel  
Stefanie Birbrower Greer





601 Elmwood Ave, Box 320, Rochester, NY 14642

BILLING INQUIRIES: 585-758-7650 OR 1-888-925-4301  
OFFICE HOURS: 8:00AM-5:00PM MONDAY-FRIDAY



MAYA BROADY 3532 1 AT 0.357 DAY1  
238 SAWYER ST  
ROCHESTER, NY 14619-1928

☐ CHECK BOX IF YOUR ADDRESS/INSURANCE HAS CHANGED (SEE REVERSE SIDE).  
PLEASE DETACH AND RETURN THIS TOP PORTION WITH YOUR PAYMENT.

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To pay using your credit card: For your convenience, we accept Visa, MasterCard, and Discover. Please visit our web site at <http://paybill.urmc.edu/urmfg>.

STATEMENT DATE	ACCT #	AMOUNT DUE	AMOUNT ENCLOSED
02/22/10	[REDACTED]	\$25.00	\$

MAIL PAYMENT TO:  
UNIVERSITY OF ROCHESTER  
PO BOX 382096  
PITTSBURGH, PA 15251-8096

066282602222010000025006

## STATEMENT OF PROFESSIONAL SERVICES

(AS OF FEBRUARY 22, 2010)

MAYA BROADY (ACCT # 3-852826)

PAGE 2

INVOICE NUMBER: 3-20615406  
CHARGES

PROVIDER: [REDACTED] MD (OFFICE)

11/12/09 99214-OFFICE VISIT-LEV 4 ..... \$230.00  
TOTAL: \$230.00

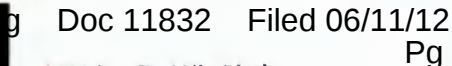
DIAGNOSIS CODE: 340.

### PAYMENT ACTIVITY

11/16/09 INSURANCE CLAIM FILED  
11/25/09 MEDICARE BLUE CHOICE ELECTR PYMT  
MEDICARE PAYMENT..... \$66.02  
CONTRACTUAL ADJUSTMENT..... \$138.98  
AMOUNT DUE NOW..... \$25.00

**TOTAL AMOUNT DUE NOW: \$25.00**

THANK YOU FOR CHOOSING THE UNIVERSITY OF ROCHESTER MEDICAL CENTER



Entered 06/14/12:16:26:20 Main Document  
of 31

(585) 341-9100





**MEDICARE BLUE CHOICE**  
**EXPLANATION OF BENEFITS**

**THIS IS NOT A BILL**  
This is an explanation of the action  
taken on your most recent claim.  
Please retain this Explanation of  
Benefits for your records.

DATE: 12/31/09

PAGE 1

\* SUBSCRIBER ID - 46612082

\* MAYA BROADY  
\* 238 SAWYER ST  
\* ROCHESTER NY 14619

\* PATIENT NAME - MAYA (01)

DATES OF SERVICE	DESCRIPTION OF SERVICE	TOTAL EXPENSES	EXPENSES EXCLUDED	DEDUCTIBLE APPLIED	CO - PAYMENT	PLAN PAYMENT
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CLAIM RECEIVED ON 12/07/09

\*\*\* CLAIM NUMBER 693416818603 \* PROVIDER - SHARON J GLEZEN MD \*\*\*

PAYMENT, IF ANY, TO PROVIDER(S)

11/24/09	OFFICE VISITS	60.18	0.00	0.00	10.00	50.18
	SUB-TOTAL	60.18	0.00	0.00	10.00	50.18
	THIS PATIENTS TOTALS	60.18	0.00	0.00	10.00	50.18
	GRAND TOTALS	60.18	0.00	0.00	10.00	50.18

PLAN PAYMENT AMOUNTS PAID TO PROVIDER(S): 50.18  
PLAN PAYMENT AMOUNTS PAID TO SUBSCRIBER: 0.00

TOTAL PLAN PAYMENT IS: 50.18

FOR CLARIFICATION OF THIS EXPLANATION OF BENEFITS, YOU MAY CALL THE PHONE NUMBER ON YOUR ID CARD  
FOR TTY INQUIRIES CALL: (800) 421-1220



165 Court Street  
Rochester, NY 14647

A nonprofit independent licensee of the  
BlueCross BlueShield Association

**MEDICARE BLUE CHOICE****EXPLANATION OF BENEFITS****THIS IS NOT A BILL**

This is an explanation of the action  
taken on your most recent claim.  
Please retain this Explanation of  
Benefits for your records.

DATE: 01/29/10

PAGE 1

\* SUBSCRIBER ID - [REDACTED]

\* MAYA BROADY  
\* 238 SAWYER ST  
\* ROCHESTER NY 14619

\* PATIENT NAME - MAYA (01)

DATES OF SERVICE	DESCRIPTION OF SERVICE	TOTAL EXPENSES	EXPENSES EXCLUDED	DEDUCTIBLE APPLIED	CO - PAYMENT	PLAN PAYMENT
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CLAIM RECEIVED ON 01/04/10

\* \* \* CLAIM NUMBER 600047529303 \* PROVIDER - [REDACTED] MD \* \*

PAYMENT, IF ANY, TO PROVIDER(S)

10/30/09	OFFICE VISITS	58.55	0.00	0.00	10.00	48.55
	SUB-TOTAL	58.55	0.00	0.00	10.00	48.55

CLAIM RECEIVED ON 01/05/10

\* \* \* CLAIM NUMBER 800050456409 \* PROVIDER - [REDACTED] MD \* \*

PAYMENT, IF ANY, TO PROVIDER(S)

12/30/09	OFFICE VISITS	60.18	0.00	0.00	25.00	35.18
	SUB-TOTAL	60.18	0.00	0.00	25.00	35.18
	THIS PATIENTS TOTALS	118.73	0.00	0.00	35.00	83.73
	GRAND TOTALS	118.73	0.00	0.00	35.00	83.73

PLAN PAYMENT AMOUNTS PAID TO PROVIDER(S):

83.73

PLAN PAYMENT AMOUNTS PAID TO SUBSCRIBER:

0.00

TOTAL PLAN PAYMENT IS:

83.73

FOR CLARIFICATION OF THIS EXPLANATION OF BENEFITS, YOU MAY CALL THE PHONE NUMBER ON YOUR ID CAR  
FOR TTY INQUIRIES CALL: (800) 421-1220



SMH6F/ rev.: 0609



**MEDICARE BLUE CHOICE**  
**EXPLANATION OF BENEFITS**

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This is an explanation of the action taken on your most recent claim. Please retain this Explanation of Benefits for your records.

DATE: 11/30/09

\* SUBSCRIBER ID ~~1111111111~~

PAGE 1

\* MAYA BROADY  
\* 238 SAWYER ST  
\* ROCHESTER NY 14619

\* PATIENT NAME - MAYA (01)

DATES OF SERVICE	DESCRIPTION OF SERVICE	TOTAL EXPENSES	EXPENSES EXCLUDED	DEDUCTIBLE APPLIED	CO - PAYMENT	PLAN PAYMENT
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CLAIM RECEIVED ON 11/18/09

\*\*\* CLAIM NUMBER 893221647409 \* PROVIDER - ~~DR. J. B. BROWN~~ MD \*\*

PAYMENT, IF ANY, TO PROVIDER(S)

11/05/09	RADIOLOGY	11.15	0.00	0.00	0.00	11.15
SUB-TOTAL		11.15	0.00	0.00	0.00	11.15

CLAIM RECEIVED ON 11/16/09

\*\*\* CLAIM NUMBER 893208610309 \* PROVIDER - ~~DR. J. B. BROWN~~ MD \*\*

PAYMENT, IF ANY, TO PROVIDER(S)

11/12/09	OFFICE VISITS	91.02	0.00	0.00	25.00	66.02
SUB-TOTAL		91.02	0.00	0.00	25.00	66.02

CLAIM RECEIVED ON 11/10/09

\*\*\* CLAIM NUMBER 893143062909 \* PROVIDER - ~~DR. J. B. BROWN~~ MD \*\*

PAYMENT, IF ANY, TO PROVIDER(S)

11/06/09	RADIOLOGY	789.81	0.00	0.00	25.00	764.81
11/06/09	RADIOLOGY	54.75	0.00	0.00	0.00	54.75
SUB-TOTAL		844.56	0.00	0.00	25.00	819.56
THIS PATIENTS TOTALS		946.73	0.00	0.00	50.00	896.73
GRAND TOTALS		946.73	0.00	0.00	50.00	896.73

*Facility bill  
on Nov 6, 2009*





601 Elmwood Ave, Box 320, Rochester, NY 14642

BILLING INQUIRIES: 585-758-7650 OR 1-888-925-4301  
OFFICE HOURS: 8:00AM-5:00PM MONDAY-FRIDAY



MAYA BROADY 3834 1 AT 0.357 DAY1  
238 SAWYER ST  
ROCHESTER, NY 14619-1928

To pay using your credit card: For your convenience, we accept Visa, MasterCard, and Discover. Please visit our web site at <http://paybill.urmc.edu/urmfg>.

STATEMENT DATE	ACCT #	AMOUNT DUE	AMOUNT ENCLOSED
11/22/09	<del>3-682828</del>	\$25.00	\$

MAIL PAYMENT TO:  
UNIVERSITY OF ROCHESTER  
PO BOX 382096  
PITTSBURGH, PA 15251-8096

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PLEASE DETACH AND RETURN THIS TOP PORTION WITH YOUR PAYMENT.

066282611222009000025008

## STATEMENT OF PROFESSIONAL SERVICES

(AS OF NOVEMBER 22, 2009)

MAYA BROADY (ACCT # ~~3-682828~~)

PAGE 2

INVOICE NUMBER: 3-20146739

### CHARGES

PROVIDER: ~~REDACTED~~ MD (OFFICE)

09/14/09 99213-OFFICE VISIT-LEV 3 ..... \$155.00

DIAGNOSIS CODE: 704.00

TOTAL: \$155.00

### PAYMENT ACTIVITY

09/16/09 INSURANCE CLAIM FILED

09/25/09 MEDICARE BLUE CHOICE ELECTR PYMT

MEDICARE PAYMENT..... \$35.18

CONTRACTUAL ADJUSTMENT..... \$94.82

AMOUNT DUE NOW..... **\$25.00**

**TOTAL AMOUNT DUE NOW: \$25.00**

THANK YOU FOR CHOOSING THE UNIVERSITY OF ROCHESTER MEDICAL CENTER



**MEDICARE BLUE CHOICE**  
**EXPLANATION OF BENEFITS**

**THIS IS NOT A BILL**  
This is an explanation of the action taken on your most recent claim. Please retain this Explanation of Benefits for your records.

DATE: 09/30/09

PAGE 1

\* SUBSCRIBER ID - ~~XXXXXXXXXX~~

\* MAYA BROADY  
\* 238 SAWYER ST  
\* ROCHESTER NY 14619

\* PATIENT NAME - MAYA (01)

DATES OF SERVICE	DESCRIPTION OF SERVICE	TOTAL EXPENSES	EXPENSES EXCLUDED	DEDUCTIBLE APPLIED	CO - PAYMENT	PLAN PAYMENT
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CLAIM RECEIVED ON 09/17/09

\*\*\* CLAIM NUMBER ~~0000000000~~ 1209 \* PROVIDER - ~~XXXXXXXXXX~~ MD \*\*

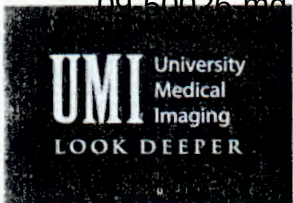
PAYMENT, IF ANY, TO PROVIDER(S)

09/14/09	OFFICE VISITS	60.18	0.00	0.00	25.00	35.18
	SUB-TOTAL	60.18	0.00	0.00	25.00	35.18
	THIS PATIENTS TOTALS	60.18	0.00	0.00	25.00	35.18
	GRAND TOTALS	60.18	0.00	0.00	25.00	35.18

PLAN PAYMENT AMOUNTS PAID TO PROVIDER(S):	35.18
PLAN PAYMENT AMOUNTS PAID TO SUBSCRIBER:	0.00
	-----
TOTAL PLAN PAYMENT IS:	35.18

FOR CLARIFICATION OF THIS EXPLANATION OF BENEFITS, YOU MAY CALL THE PHONE NUMBER ON YOUR ID CARD  
FOR TTY INQUIRIES CALL: (800) 421-1220





4901 Lac De Ville Blvd  
Building D, Suite 140  
Rochester, NY 14618

UMI OFFICE: 585-341-9100

UMI OFFICE HOURS: 8AM-10PM M-F, 8AM-3PM SAT

BILLING INQUIRIES: 585-341-4979; 8AM-4:30PM M-F



MAYA BROADY 2733 AT 0.357 DAY3  
238 SAWYER ST  
ROCHESTER, NY 14619-1928

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PLEASE DETACH AND RETURN THIS TOP PORTION WITH YOUR PAYMENT.

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of 31  
MAKE CHECKS PAYABLE TO: UNIVERSITY MEDICAL IMAGING

☐ VISA ☐ MASTERCARD  
CARD NUMBER: \_\_\_\_\_ EXP DATE: \_\_\_\_\_  
SIGNATURE: \_\_\_\_\_ CHECK # \_\_\_\_\_  
PAYMENTS WILL BE POSTED TO OLDEST INVOICES FIRST UNLESS YOU INDICATE OTHERWISE HERE: \_\_\_\_\_

STATEMENT DATE	ACCT #	AMOUNT DUE	AMOUNT ENCLOSED
08/22/09	<del>4-562826</del>	\$25.00	\$

MAIL PAYMENT TO:  
UNIVERSITY MEDICAL IMAGING  
PO BOX 278997  
ROCHESTER, NY 14627-8997

066282608222009000025003

## STATEMENT OF PROFESSIONAL SERVICES

(AS OF AUGUST 22, 2009)

MAYA BROADY (ACCT # ~~4-562826~~)

PAGE 1

THE FOLLOWING INVOICES DESCRIBE OUTSTANDING CHARGES FOR SERVICES RENDERED BY PHYSICIANS AND OTHER HEALTH CARE PROFESSIONALS AT UNIVERSITY MEDICAL IMAGING. THE LEFT SIDE DESCRIBES THE SERVICES PROVIDED AND THE CHARGES FOR EACH SERVICE. THE RIGHT SIDE DESCRIBES PAYMENTS, ADJUSTMENTS, INSURANCE FILINGS, AND AMOUNTS OWED. PLEASE DISREGARD IF YOU HAVE ALREADY MADE A PAYMENT.

INVOICE NUMBER: 4-19704891

### CHARGES

PROVIDER: ~~GARY ROY~~ MD (OFFICE)

07/10/09 73721/LT-MR KNEE, LT, W/O CONTRAST ..... \$890.00

DIAGNOSIS CODE: 719.46, 717.6, 719.06

### PAYMENT ACTIVITY

07/14/09 INSURANCE CLAIM FILED

07/22/09 MEDICARE BLUE CHOICE ELECTR PYMT

MEDICARE PAYMENT..... \$484.33

CONTRACTUAL ADJUSTMENT..... \$380.67

TOTAL: \$890.00 AMOUNT DUE NOW..... \$25.00

YOUR PAYMENT IN FULL IS DUE UPON RECEIPT OF THIS STATEMENT. FOR YOUR CONVENIENCE WE ACCEPT VISA, MASTERCARD AND DISCOVER.

**TOTAL AMOUNT DUE NOW: \$25.00**

THANK YOU FOR CHOOSING UNIVERSITY MEDICAL IMAGING





4901 Lac De Ville Blvd  
Building D, Suite 140  
Rochester, NY 14618

UMI OFFICE: 585-341-9100

UMI OFFICE HOURS: 8AM-10PM M-F, 8AM-3PM SAT

BILLING INQUIRIES: 585-341-4979; 8AM-4:30PM M-F



MAYA BROADY  
238 SAWYER ST  
ROCHESTER, NY 14619-1928

2887 1 AT 0.357 DAY3

MAIL PAYMENT TO:

UNIVERSITY MEDICAL IMAGING  
PO BOX 278997  
ROCHESTER, NY 14627-8997



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PLEASE DETACH AND RETURN THIS TOP PORTION WITH YOUR PAYMENT.

066282602222010000025006

## STATEMENT OF PROFESSIONAL SERVICES

(AS OF FEBRUARY 22, 2010)

MAYA BROADY (ACCT # 4-662826)

PAGE 1

THE FOLLOWING INVOICES DESCRIBE OUTSTANDING CHARGES FOR SERVICES RENDERED BY PHYSICIANS AND OTHER HEALTH CARE PROFESSIONALS AT UNIVERSITY MEDICAL IMAGING. THE LEFT SIDE DESCRIBES THE SERVICES PROVIDED AND THE CHARGES FOR EACH SERVICE. THE RIGHT SIDE DESCRIBES PAYMENTS, ADJUSTMENTS, INSURANCE FILINGS, AND AMOUNTS OWED. PLEASE DISREGARD IF YOU HAVE ALREADY MADE A PAYMENT.

INVOICE NUMBER: 4-19704891

### CHARGES

PROVIDER: ~~GA [REDACTED] MD~~ (OFFICE)

07/10/09 73721/LT-MR KNEE, LT, W/O CONTRAST ..... \$890.00

TOTAL: \$890.00

DIAGNOSIS CODE: 719.46, 717.6, 719.06

### PAYMENT ACTIVITY

07/14/09 INSURANCE CLAIM FILED

07/22/09 MEDICARE BLUE CHOICE ELECTR PYMT

MEDICARE PAYMENT..... \$484.33

CONTRACTUAL ADJUSTMENT..... \$380.67

11/09/09 ON-SITE/CHECK PYMT..... \$25.00

AMOUNT DUE NOW..... 0.00

INVOICE NUMBER: 4-20561450

### CHARGES

PROVIDER: ~~AND [REDACTED] MD~~ (OFFICE)

11/06/09 70553-MR HEAD PRE/POST CONTRAST ..... \$1367.00

11/06/09 A9579-MISCELLANEOUS GADO CONTRAST/ MANUAL ENTER CO... \$120.00

TOTAL: \$1487.00

DIAGNOSIS CODE: 340.

### PAYMENT ACTIVITY

11/09/09 INSURANCE CLAIM FILED

11/19/09 MEDICARE BLUE CHOICE ELECTR PYMT

MEDICARE PAYMENT..... \$819.56

CONTRACTUAL ADJUSTMENT..... \$642.44

AMOUNT DUE NOW..... \$25.00

THANK YOU FOR YOUR PAYMENT.

TOTAL AMOUNT DUE NOW: \$25.00

THANK YOU FOR CHOOSING UNIVERSITY MEDICAL IMAGING

241-4979



## STATEMENT OF PROFESSIONAL SERVICES

(AS OF OCTOBER 22, 2009)

MAYA BROADY (ACCT # ~~4-562826~~)

PAGE 1

THE FOLLOWING INVOICES DESCRIBE OUTSTANDING CHARGES FOR SERVICES RENDERED BY PHYSICIANS AND OTHER HEALTH CARE PROFESSIONALS AT UNIVERSITY MEDICAL IMAGING. THE LEFT SIDE DESCRIBES THE SERVICES PROVIDED AND THE CHARGES FOR EACH SERVICE. THE RIGHT SIDE DESCRIBES PAYMENTS, ADJUSTMENTS, INSURANCE FILINGS, AND AMOUNTS OWED. PLEASE DISREGARD IF YOU HAVE ALREADY MADE A PAYMENT.

INVOICE NUMBER: 4-19704891

CHARGESPROVIDER: ~~MARY HOLEMAN MD~~ (OFFICE)

07/10/09 73721/LT-MR KNEE,LT,W/O CONTRAST ..... \$890.00

DIAGNOSIS CODE: 719.46, 717.6, 719.06

PAYMENT ACTIVITY

07/14/09 INSURANCE CLAIM FILED

07/22/09 MEDICARE BLUE CHOICE ELECTR PYMT

MEDICARE PAYMENT..... \$484.33

CONTRACTUAL ADJUSTMENT..... \$380.67

TOTAL: \$890.00

AMOUNT DUE NOW..... \$25.00

YOUR ACCOUNT HAS NOT BEEN RESOLVED AND IS NOW SERIOUSLY PAST DUE. TO AVOID COLLECTION PROCEDURES, PAY NOW OR CALL OUR OFFICE.

TOTAL AMOUNT DUE NOW:

\$25.00

THANK YOU FOR CHOOSING UNIVERSITY MEDICAL IMAGING

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4901 LAC DE VILLE BLVD BUILDING D, SUITE 140 ROCHESTER, NY 14618

(585) 341-9100

ALL 002770 001 001

idxbil.urmc.rochester.edu Winsock - IDXterm

File Edit Connect Help © GE Healthcare

View Invoice Detail Grp 3

1 URHE.A

Patient: BROADY, MAYA

HRN: 662826

Invoice #: 19812863

Rend Prov: ~~DEWITT, KE~~ Bill Area: ORTHO SPORTS Dx 1: 836.1 TEAR LAT ME  
Super Prov: ~~DEWITT, KE~~ Serv Date: 07/01/2009 Discount:  
Ref Phys: ~~CLAYTON, SHA~~ Case #: Rejects: Y  
Bus Center: ORTHO SPOR Case Type: Charges: 205.00  
Pl of Serv: OFFICE Balance: 25.00

Posted Service Description Payments Adjust Charges FSC Batch

Pg Up

Up

Beginning

1)07/29/09 07/01/09 99242 OFFICE CONSULT-LEV 2 (1), Dx 1,2

205.00 PREC

RVU: 1.34

1555164

PCD Post Dt Appr Pay/Adj C/Adj DedCoiCop PatR Rej

Pg Down

Down

0 Selected F7Q-Quit F10-OK <Shift>F5-Help <Shift>F3-More Keys <Home>-Find

I-Cus Tran detail C-All Charges I-More Inquiries... J-Documents  
L-Claim Info... H-More Inv Hdr Info O-oldest/Newest T-Trans Detail



RSITY of  
**ROCHESTER**  
MEDICAL CENTER

Patient Accounts Office  
Rochester, NY 14642-8406

4 This is the current insurance information on file

Please review and make corrections on the back of this form

Insurance Name Policy #

Please review insurance  
information listed in Box 20.

1 Patient Name	BROADY, MAYA
2 Service Dates From/Through	07/01/09
3 Statement Date	07/28/09
Page	1

5 If paying by CREDIT CARD

To pay by credit card  
please visit our website at:

**PAYBILL.URMC.EDU/STRONG**

6 Check/M.O.

Amount  
Enclosed

\$ \_\_\_\_\_

MAYA BROADY  
238 SAWYER ST  
ROCHESTER, NY 14619

7 Make Checks Payable To:  
Strong Memorial Hospital  
Church Street Station  
PO Box 6772  
New York, New York 10249-6772

9 Account Number	10 Previous Balance	11 Charges	12 Est Ins Coverage	13 Payments/Adj's	14 Please Pay This Amount
174926					\$25.00

To ensure proper credit to your account...



Patient Accounts Office  
Rochester, NY 14642-8406

31	Patient Name		
BROADY, MAYA			
2	Service Dates From/Through	3	Statement Date
	07/01/09 11/05/09		12/31/09
			Page
			1

**5 If paying by CREDIT CARD**

To pay by credit card  
please visit our website at:  
**PAYBILL.URMC.EDU/STRONG**

8	Check/M.O.
<p>Amount Enclosed</p> <p>\$ _____.</p>	

7	<b>Make Checks Payable To:</b> Strong Memorial Hospital Church Street Station PO Box 6772 New York, New York 10249-6772	8
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*To ensure proper credit to your account, detach top section and return with your payment*

601 Elmwood Avenue, Rochester, NY 14642

19	Date(s)	20	Description	21	Charges	22	Est Ins Coverage	23	Payments/Adj's
			MEDICARE BLUE CH SELF PAY  Visit Number: 256548728 Name: BROADY,MAYA Type of Service: OUTPATIENT Date(s): 07/01/09 Prior Balance: \$25.00  FOR QUESTIONS PLEASE CALL: 585-273-0414 or 800-754-0567  ----- Patient Balance for visit MEDICARE BLUE CH SELF PAY  Visit Number: 264623752 Name: BROADY,MAYA Type of Service: OUTPATIENT Date(s): 11/05/09 Prior Balance: \$0.00  324 DX X-RAY/CHEST						

25		
<p><b>For Billing or Insurance Related Questions,</b> please call the Patient Accounts Office at (585) 275-7223 or 1-800-544-0877 from outside the Rochester area.</p>		

SMH6F, rev 0609



135 Court Street  
Rochester, NY 14647

A nonprofit independent licensee of the  
BlueCross BlueShield Association

## MEDICARE BLUE CHOICE

### EXPLANATION OF BENEFITS

#### THIS IS NOT A BILL

This is an explanation of the action  
taken on your most recent claim.  
Please retain this Explanation of  
Benefits for your records.

DATE: 06/30/09

PAGE 1

\* SUBSCRIBER ID - ~~XXXXXXXXXX~~

\* MAYA BROADY  
\* 238 SAWYER ST  
\* ROCHESTER NY 14619

\* PATIENT NAME - MAYA (01)

DATES OF SERVICE	DESCRIPTION OF SERVICE	TOTAL EXPENSES	EXPENSES EXCLUDED	DEDUCTIBLE APPLIED	CO - PAYMENT	PLAN PAYMENT
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CLAIM RECEIVED ON 06/02/09

\*\*\* CLAIM NUMBER 891532414009 \* PROVIDER - ~~XXXXXXXXXX~~ MD

\*\*\*

PAYMENT, IF ANY, TO PROVIDER(S)

05/30/09	OFFICE VISITS	60.18	0.00	0.00	25.00	35.18
	SUB-TOTAL	60.18	0.00	0.00	25.00	35.18
	THIS PATIENTS TOTALS	60.18	0.00	0.00	25.00	35.18
	GRAND TOTALS	60.18	0.00	0.00	25.00	35.18

PLAN PAYMENT AMOUNTS PAID TO PROVIDER(S):

35.18

PLAN PAYMENT AMOUNTS PAID TO SUBSCRIBER:

0.00

TOTAL PLAN PAYMENT IS:

35.18

FOR CLARIFICATION OF THIS EXPLANATION OF BENEFITS, YOU MAY CALL THE PHONE NUMBER ON YOUR ID CARD  
FOR TTY INQUIRIES CALL: (800) 421-1220



Pg 17 of 31  
University Health Service  
PO Box 270617  
Rochester NY 14627

Invoice Number: 355681  
University ID

RECEIPT

First Name: MAYA  
Last Name: BROADY  
Birth Date: July 28, 1953  
Local Phone: (585) 328-2325  
Provider: ~~XXXXXXXXXX~~ ID  
Service Date: 04/21/10  
Invoice Date: 04/21/10  
Referral:

MAYA BROADY  
238 SAWYER ST  
ROCHESTER NY 14619

Account Summary

Diagnoses: 1 - Contact dermatitis-NOS, Eczema NOS (692.9)

Service Date	Action Code	Type	Code	Dx Code	Fee	Patient Resp.	Patient Paid	Bursar	Insurance Resp.	Insurance Paid	Balance
4/21/2010	CHG	RX	183153	1							
4/21/2010	CHG	PS	99213	1	\$74.27	\$10.00	\$10.00		\$64.27		\$64.27
				Totals	\$74.27	\$10.00	\$10.00		\$64.27		\$64.27

Patient Balance Due: \$ 0.00

Other Balance Due: \$ 64.27

NOTE: RESPONSIBILITY FOR THE CHARGES IN THE "BURSAR" COLUMN WILL BE TRANSFERRED TO THE STUDENT'S CENTRAL UNIVERSITY ACCOUNT.

NDC#: 183153; Elidel Topical Cream 1 %; RX# 183153, 99213 - OV Est Pat -Intermediate

I was eventually diagnosed with a bacterial infection that started to spread throughout my body H Polara in 12/10

This statement may not reflect charges for all services provided on this date.

**STATEMENT OF PROFESSIONAL SERVICES**

(AS OF MAY 8, 2010)

MAYA BROADY (ACCT # ~~444826~~)

PAGE 1

THE FOLLOWING INVOICES DESCRIBE OUTSTANDING CHARGES FOR SERVICES RENDERED BY PHYSICIANS AND OTHER HEALTH CARE PROFESSIONALS AT URM. THE LEFT SIDE DESCRIBES THE SERVICES PROVIDED AND THE CHARGES FOR EACH SERVICE. THE RIGHT SIDE DESCRIBES PAYMENTS, ADJUSTMENTS, INSURANCE FILINGS, AND AMOUNTS OWED. PLEASE DISREGARD IF YOU HAVE ALREADY MADE A PAYMENT.

INVOICE NUMBER: 3-21754068

**CHARGES**PROVIDER: ~~J. BROADY~~ OD (OFFICE)

04/23/10 92004-OPHTH NEW PATIENT COMP ..... \$365.00

DIAGNOSIS CODE: 372.13, 379.24

**PAYMENT ACTIVITY**

04/26/10 INSURANCE CLAIM FILED

05/07/10 MEDICARE BLUE CHOICE ELECTR PYMT

MEDICARE PAYMENT..... \$75.99

CONTRACTUAL ADJUSTMENT..... \$264.01

TOTAL: \$365.00 AMOUNT DUE NOW..... **\$25.00**

AMOUNT PENDING WITH INSURANCE MAY NOT REFLECT ALL PAYMENTS, DEDUCTIBLES, COPAYS AND COINSURANCE.

\* \* \* \* \*

YOUR PAYMENT IN FULL IS DUE UPON RECEIPT OF THIS STATEMENT. FOR YOUR CONVENIENCE WE ACCEPT VISA, MASTERCARD AND DISCOVER.

ACCOUNT BALANCE	AMOUNT PENDING WITH INSURANCE	AMOUNT DUE UPON RECEIPT
<b>\$25.00</b>	<b>\$0.00</b>	<b>\$25.00</b>

THANK YOU FOR CHOOSING THE UNIVERSITY OF ROCHESTER MEDICAL CENTER

URMC

601 ELMWOOD AVE BOX 888

ROCHESTER, NY

14642

(585) 758-7650 OR 1-888-925-4301

ALL 002553 001 001





**MEDICARE BLUE CHOICE**  
**EXPLANATION OF BENEFITS**

**THIS IS NOT A BILL**  
This is an explanation of the a  
taken on your most recent cla  
Please retain this Explanation  
Benefits for your records.

DATE: 09/30/10

\* SUBSCRIBER ID ~~1081~~ *11/15/10 -*

\* MAYA BROADY  
\* 238 SAWYER ST  
\* ROCHESTER NY 14619

*calbel Canna (Hellen)  
Problem with my  
will let Sarah know*

\* PATIENT NAME - MAYA (01)

DATES OF SERVICE	DESCRIPTION OF SERVICE	TOTAL EXPENSES	EXPENSES EXCLUDED	DEDUCTIBLE APPLIED	CO - PAYMENT	PLAN PAYME
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CLAIM RECEIVED ON 08/31/10

\*\*\* CLAIM NUMBER 802435538309 \* PROVIDER - STRONG MEMORIA LABORATORY MED

PAYMENT, IF ANY, TO PROVIDER(S)

05/13/10	XRAY/LAB	3.00	0.00	0.00	0.00	3.00
05/13/10	XRAY/LAB	14.00	0.00	0.00	0.00	14.00
05/13/10	XRAY/LAB	17.77	0.00	0.00	0.00	17.77
05/13/10	XRAY/LAB	21.04	0.00	0.00	0.00	21.04
05/13/10	XRAY/LAB	13.90	0.00	0.00	0.00	13.90
05/13/10	XRAY/LAB	24.16	0.00	0.00	0.00	24.16
05/13/10	XRAY/LAB	23.58	0.00	0.00	0.00	23.58
05/13/10	XRAY/LAB	15.38	0.00	0.00	0.00	15.38
05/13/10	XRAY/LAB	14.13	0.00	0.00	0.00	14.13
05/13/10	XRAY/LAB	32.00	0.00	0.00	0.00	32.00
05/13/10	XRAY/LAB	25.64	0.00	0.00	0.00	25.64
SUB-TOTAL		204.60	0.00	0.00	0.00	
THIS PATIENTS TOTALS		204.60	0.00	0.00	0.00	
GRAND TOTALS		204.60	0.00	0		

PLAN PAYMENT AMOUNTS PAID TO PROVIDER(S):  
PLAN PAYMENT AMOUNTS PAID TO SUBSCRIBER:

TOTAL PLAN PAYMENT IS:  
FOR CLARIFICATION OF THIS EXPLANATION OF BENEFITS,  
FOR TTY INQUIRIES CALL: (800) 421-1220

*11/15/10 11/19*

## STATEMENT OF PROFESSIONAL SERVICES

(AS OF OCTOBER 29, 2010)

PAGE 1

BROADY (ACCT # [REDACTED])

THE FOLLOWING INVOICES DESCRIBE OUTSTANDING CHARGES FOR SERVICES RENDERED BY PHYSICIANS AND OTHER HEALTH CARE PROFESSIONALS  
 URM. THE LEFT SIDE DESCRIBES THE SERVICES PROVIDED AND THE CHARGES FOR EACH SERVICE. THE RIGHT SIDE DESCRIBES  
 PAYMENTS, ADJUSTMENTS, INSURANCE FILINGS, AND AMOUNTS OWED. PLEASE DISREGARD IF YOU HAVE ALREADY MADE A PAYMENT.

INVOICE NUMBER: 3-2250784

S

FROM: LAURENCE M. BROADY MD (OFFICE)

10 99213-OFFICE VISIT-LEV 3 ..... \$180.00

TOTAL: \$180.00

CPT CODE: 340.

## PAYMENT ACTIVITY

08/23/10 INSURANCE CLAIM FILED

09/02/10 MEDICARE BLUE CHOICE ELECTR PYMT

MEDICARE PAYMENT..... \$35.18

CONTRACTUAL ADJUSTMENT..... \$119.82

AMOUNT DUE NOW..... \$25.00

AMOUNT PENDING WITH INSURANCE MAY NOT REFLECT ALL PAYMENTS, DEDUCTIBLES, COPAYS AND COINSURANCE.

\*\*\*\*\*

THANK YOU FOR YOUR PAYMENT.

ACCOUNT BALANCE	AMOUNT PENDING WITH INSURANCE	AMOUNT DUE UPON RECEIPT
\$25.00	\$0.00	\$25.00

THANK YOU FOR CHOOSING THE UNIVERSITY OF ROCHESTER MEDICAL CENTER

601 ELMWOOD AVE BOX 888 ROCHESTER, NY 14642 (585) 758-7650 OR 1-888-925-4301

ALL 001861 001 001





165 Court Street  
Rochester, NY 14647

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BlueCross BlueShield Association

# MEDICARE BLUE CHOICE

## EXPLANATION OF BENEFITS

### THIS IS NOT A BILL

This is an explanation of the action  
taken on your most recent claim.  
Please retain this Explanation of  
Benefits for your records.

DATE: 09/30/10

PAGE 1

\* SUBSCRIBER ID

\* MAYA BROADY  
\* 238 SAWYER ST  
\* ROCHESTER NY 14619

*11/15/10 -  
called Center (Hellerin)  
Problem with my  
will let Sarah know*

\* PATIENT NAME - MAYA (01)

DATES OF SERVICE	DESCRIPTION OF SERVICE	TOTAL EXPENSES	EXPENSES EXCLUDED	DEDUCTIBLE APPLIED	CO - PAYMENT	PLAN PAYMENT
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CLAIM RECEIVED ON 08/31/10

\* \* \* CLAIM NUMBER 802435538309 \* PROVIDER - STRONG MEMORIA LABORATORY MED

\* \*

PAYMENT, IF ANY, TO PROVIDER(S)

05/13/10	XRAY/LAB	3.00	0.00	0.00	0.00	3.00
05/13/10	XRAY/LAB	14.00	0.00	0.00	0.00	14.00
05/13/10	XRAY/LAB	17.77	0.00	0.00	0.00	17.77
05/13/10	XRAY/LAB	21.04	0.00	0.00	0.00	21.04
05/13/10	XRAY/LAB	13.90	0.00	0.00	0.00	13.90
05/13/10	XRAY/LAB	24.16	0.00	0.00	0.00	24.16
05/13/10	XRAY/LAB	23.58	0.00	0.00	0.00	23.58
05/13/10	XRAY/LAB	15.38	0.00	0.00	0.00	15.38
05/13/10	XRAY/LAB	14.13	0.00	0.00	0.00	14.13
05/13/10	XRAY/LAB	32.00	0.00	0.00	0.00	32.00
05/13/10	XRAY/LAB	25.64	0.00	0.00	0.00	25.64
SUB-TOTAL		204.60	0.00	0.00	0.00	204.60
THIS PATIENTS TOTALS		204.60	0.00	0.00	0.00	204.60
GRAND TOTALS		204.60	0.00	0.00	0.00	204.60

PLAN PAYMENT AMOUNTS PAID TO PROVIDER(S):  
PLAN PAYMENT AMOUNTS PAID TO SUBSCRIBER:

204.60  
0.00

TOTAL PLAN PAYMENT IS:

204.60

FOR CLARIFICATION OF THIS EXPLANATION OF BENEFITS, YOU MAY CALL THE PHONE NUMBER ON YOUR ID CARD  
FOR TTY INQUIRIES CALL: (800) 421-1220

*11/15/10 11/19*

MAYA BROADY (ACCT # [REDACTED])

PAGE 1

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INVOICE NUMBER: 3-2250784

**CHARGES**

PROVIDER: [REDACTED] MD (OFFICE)

08/19/10 99213-OFFICE VISIT-LEV 3 ..... \$180.00

TOTAL: \$180.00

DIAGNOSIS CODE: 340.

**PAYMENT ACTIVITY**

08/23/10 INSURANCE CLAIM FILED

09/02/10 MEDICARE BLUE CHOICE ELECTR PYMT

MEDICARE PAYMENT..... \$35.18

CONTRACTUAL ADJUSTMENT..... \$119.82

AMOUNT DUE NOW..... **\$25.00**

AMOUNT PENDING WITH INSURANCE MAY NOT REFLECT ALL PAYMENTS, DEDUCTIBLES, COPAYS AND COINSURANCE.

\* \* \* \* \*

THANK YOU FOR YOUR PAYMENT.

ACCOUNT BALANCE	AMOUNT PENDING WITH INSURANCE	AMOUNT DUE UPON RECEIPT
\$25.00	\$0.00	\$25.00

THANK YOU FOR CHOOSING THE UNIVERSITY OF ROCHESTER MEDICAL CENTER

URMC

601 ELMWOOD AVE BOX 888

ROCHESTER, NY

14642

(585) 758-7650 OR 1-888-925-4301

ALL 001661 001 001





**MEDICARE BLUE CHOICE**  
**EXPLANATION OF BENEFITS**

**THIS IS NOT A BILL**  
This is an explanation of the action  
taken on your most recent claim.  
Please retain this Explanation of  
Benefits for your records.

DATE: 04/30/10

\* SUBSCRIBER ID - ~~XXXXXXXXXX~~

PAGE 1

\* MAYA BROADY  
\* 238 SAWYER ST  
\* ROCHESTER NY 14619

\* PATIENT NAME - MAYA (01)

DATES OF SERVICE	DESCRIPTION OF SERVICE	TOTAL EXPENSES	EXPENSES EXCLUDED	DEDUCTIBLE APPLIED	CO - PAYMENT	PLAN PAYMENT
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CLAIM RECEIVED ON 03/26/10

\*\*\* CLAIM NUMBER 800856937209 \* PROVIDER - ROCHESTER GENR INDEPEND LAB \*\*

PAYMENT, IF ANY, TO PROVIDER(S)

03/12/10	XRAY/LAB	27.04	0.00	0.00	0.00	27.04
	SUB-TOTAL	27.04	0.00	0.00	0.00	27.04

CLAIM RECEIVED ON 04/20/10

\*\*\* CLAIM NUMBER 601106111003 \* PROVIDER - ~~SUMMIT HOSPITAL~~ NP \*\*

PAYMENT, IF ANY, TO PROVIDER(S)

04/08/10	OFFICE VISITS	51.16	0.00	0.00	10.00	41.16
	SUB-TOTAL	51.16	0.00	0.00	10.00	41.16
	THIS PATIENTS TOTALS	78.20	0.00	0.00	10.00	68.20
	GRAND TOTALS	78.20	0.00	0.00	10.00	68.20

PLAN PAYMENT AMOUNTS PAID TO PROVIDER(S): 68.20  
PLAN PAYMENT AMOUNTS PAID TO SUBSCRIBER: 0.00

TOTAL PLAN PAYMENT IS: 68.20  
FOR CLARIFICATION OF THIS EXPLANATION OF BENEFITS, YOU MAY CALL THE PHONE NUMBER ON YOUR ID CARD  
FOR TTY INQUIRIES CALL: (800) 421-1220

Detach the upper portion and return with your payment to the address above.  
Do not send cash. Please include the ID / Account # on the check or money order.

### ACCOUNT SUMMARY

ate(s)	Action Code	Code	Description	Service Fee	Adjust.	Patient Resp.	Patient Paid	Bursar	Insur. Resp.	Insur. Paid	Balance Due
8/2010	CHG	99213	OV Est Pat	\$78.00	\$26.84	\$10.00			\$41.16	\$41.16	\$10.00
			-Intermediate								
21/2010	CHG	99213	OV Est Pat	\$78.00	\$3.73	\$10.00	\$10.00		\$64.27		\$64.27
			-Intermediate								
<b>TOTALS:</b>				<b>\$156.00</b>	<b>\$30.57</b>	<b>\$20.00</b>	<b>\$10.00</b>		<b>\$105.43</b>	<b>\$41.16</b>	<b>\$74.27</b>

HS accepts Visa, MasterCard, and Discover.  
We hope you find the new statement format easier to understand.

University Health Service PO Box 270617 Rochester NY 14627  
BILLING OFFICE: (585) 275-2638 GENERAL INFORMATION: (585) 275-2662

### ACCOUNT STATUS

Responsible Party	Total Due	0-30 Days	31-60 Days	61-90 Days	91-120 Days	120+ Days
Patient	\$ 10.00	\$ 10.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00
Insurance	\$ 64.27	\$ 64.27	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00





Clinton Crossings | 4901 Lac De Ville Boulevard | Building D, Suite 140 | Rochester, NY 14618  
Phone: 585-341-9100 | Fax: 585-341-9066 | www.universitymedicalimaging.com

Patient: BROADY, MAYA

DOB: 7/28/53 Age: 55 Y Sex: F MRN: 0662826

Requesting Provider: ~~DR. DEHAVEN~~, M.D.

Attending Provider: ~~DR. DEHAVEN~~, M.D.

Report To Name(s): ~~DR. DEHAVEN~~

Exam Date: 07/10/2009 8:02 PM

Exam: MR KNEE LT WITHOUT CONTRAST

Dear Dr. DEHAVEN,

We appreciate the opportunity to see your patient.

**CLINICAL INFORMATION:** 55 year old woman with question of lateral meniscus tear and cyst. Patient has pain and swelling. Exam compared to prior knee radiographs dated 7/1/09 from Strong Memorial system.

**PROCEDURE:** MR imaging was performed at high magnet field strength (1.5 tesla). Coronal and sagittal FSE proton density weighted images; coronal, sagittal, and axial fat pre-saturated fast spin echo long TR images through the left knee were obtained.

**FINDINGS:** ACL and PCL intact. Distal quadriceps and patellar tendon maintained, as are the collateral ligaments.

There is mild truncation of the body of the medial meniscus without a definite tear. There is abnormal horizontal signal involving the body of the lateral meniscus, likely an old tear.

There is focal cartilage loss posterior aspect lateral femoral condyle on series 5, image 17. There is mild associated reactive marrow edema. There is lesser thinning of the cartilage along the posterior aspect of the medial femoral condyle. Tiny geodes along the trochlear groove. Patellar cartilage demonstrates a small fissure along the medial facet and apex. Early geode formation with a moderate sized joint effusion. Small loose body along the popliteus sheath on series 3, image 3.

**IMPRESSION:**

1. Old appearing horizontal tear body of lateral meniscus.
2. Focal cartilage loss, worst along the posterior aspect lateral femoral condyle with a loose body along



**MEDICARE BLUE CHOICE**  
**EXPLANATION OF BENEFITS**

**THIS IS NOT A BILL**  
This is an explanation of the action taken on your most recent claim. Please retain this Explanation of Benefits for your records.

DATE: 10/29/10

PAGE 1

\* SUBSCRIBER ID - 1466K2082

\* MAYA BROADY  
\* 238 SAWYER ST  
\* ROCHESTER NY 14619

\* PATIENT NAME - MAYA (01)

DATES OF SERVICE	DESCRIPTION OF SERVICE	TOTAL EXPENSES	EXPENSES EXCLUDED	DEDUCTIBLE APPLIED	CO - PAYMENT	PLAN PAYMENT
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CLAIM RECEIVED ON 09/29/10

\*\*\* CLAIM NUMBER 802726220609 \* PROVIDER - STRONG MEMORIA LABORATORY MED \*\*

PAYMENT, IF ANY, TO PROVIDER(S)

09/22/10	XRAY/LAB	3.00	0.00	0.00	0.00	3.00
09/22/10	XRAY/LAB	15.14	0.00	0.00	0.00	15.14
09/22/10	XRAY/LAB	11.07	0.00	0.00	0.00	11.07
SUB-TOTAL		29.21	0.00	0.00	0.00	29.21

CLAIM RECEIVED ON 09/29/10

\*\*\* CLAIM NUMBER 602725320703 \* PROVIDER - [REDACTED] MD \*\*

PAYMENT, IF ANY, TO PROVIDER(S)

09/22/10	OFFICE VISITS	65.83	0.00	0.00	10.00	55.83
SUB-TOTAL		65.83	0.00	0.00	10.00	55.83

CLAIM RECEIVED ON 10/04/10

\*\*\* CLAIM NUMBER 602776616903 \* PROVIDER - [REDACTED] MD \*\*

PAYMENT, IF ANY, TO PROVIDER(S)

09/22/10	XRAY/LAB	4.75	0.00	0.00	0.00	4.75
SUB-TOTAL		4.75	0.00	0.00	0.00	4.75

CLAIM RECEIVED ON 10/19/10

\*\*\* CLAIM NUMBER 602925623803 \* PROVIDER - [REDACTED] MD \*\*





165 Court Street  
Rochester, NY 14647

A nonprofit independent licensee of the  
BlueCross BlueShield Association

**MEDICARE BLUE CHOICE****EXPLANATION OF BENEFITS****THIS IS NOT A BILL**

This is an explanation of the action  
taken on your most recent claim.  
Please retain this Explanation of  
Benefits for your records.

DATE: 08/31/10

PAGE 1

\* SUBSCRIBER ID - ~~XXXXXXXXXX~~

\* MAYA BROADY  
\* 238 SAWYER ST  
\* ROCHESTER NY 14619

\* PATIENT NAME - MAYA (01)

DATES OF SERVICE	DESCRIPTION OF SERVICE	TOTAL EXPENSES	EXPENSES EXCLUDED	DEDUCTIBLE APPLIED	CO - PAYMENT	PLAN PAYMENT
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CLAIM RECEIVED ON 08/18/10

\*\*\* CLAIM NUMBER 802304155109 \* PROVIDER - ~~XXXXXXXXXX~~ MD

\*\*

PAYMENT, IF ANY, TO PROVIDER(S)

08/10/10	RADIOLOGY	532.73	0.00	0.00	25.00	507.73
08/10/10	RADIOLOGY	74.67	0.00	0.00	0.00	74.67
	SUB-TOTAL	607.40	0.00	0.00	25.00	582.40

CLAIM RECEIVED ON 08/23/10

\*\*\* CLAIM NUMBER 802357142009 \* PROVIDER - ~~XXXXXXXXXX~~ MD

\*\*

PAYMENT, IF ANY, TO PROVIDER(S)

08/19/10	OFFICE VISITS	60.18	0.00	0.00	25.00	35.18
	SUB-TOTAL	60.18	0.00	0.00	25.00	35.18
	THIS PATIENTS TOTALS	667.58	0.00	0.00	50.00	617.58
	GRAND TOTALS	667.58	0.00	0.00	50.00	617.58

PLAN PAYMENT AMOUNTS PAID TO PROVIDER(S):

617.58

PLAN PAYMENT AMOUNTS PAID TO SUBSCRIBER:

0.00

TOTAL PLAN PAYMENT IS:

617.58

FOR CLARIFICATION OF THIS EXPLANATION OF BENEFITS, YOU MAY CALL THE PHONE NUMBER ON YOUR ID CAR  
FOR TTY INQUIRIES CALL: (800) 421-1220

**THIS IS NOT A BILL**  
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taken on your most recent claim.  
Please retain this Explanation of  
Benefits for your records.

\* SUBSCRIBER ID

\* PATIENT NAME - MAYA (01)

MSEB11



Please address correspondence to:

**STRONG MEMORIAL HOSPITAL****Patient Accounts Office**

601 Elmwood Avenue, Rochester, NY 14642



15	Account Number	16	Patient Name	17	Service Date(s)	18	Statement Dt	Page
	<del>123456</del>		BROADY, MAYA		10/04/10		10/26/10	1

19	Date(s)	20	Description	21	Charges	22	Est Ins Coverage	23	Payments/Adj's
			MEDICARE BLUE CH SELF PAY  Visit Number: 285283933 Name: BROADY, MAYA Type of Service: OUTPATIENT Date(s): 10/04/10 Prior Balance: \$0.00  350 CT SCAN  MEDICARE BL CHOICE PAYM INSURANCE ADJUSTMENT  ----- Patient Balance for visit		\$906.00         \$25.00				\$-399.37 \$-481.63

24	Previous Balance:		Column Totals:				
----	-------------------	--	----------------	--	--	--	--

THE BALANCE INDICATED IS YOUR  
RESPONSIBILITY AND DUE UPON RECEIPT.  
THANK YOU.

25 PLEASE PAY THIS AMOUNT \$25.00

**For Billing or Insurance Related Questions,**  
please call the Patient Accounts Office  
at (585) 275-7223 or 1-800-544-0877 from  
outside the Rochester area.

Please see reverse side for additional information about your account

May 25, 2012

Ms. Maya Broady  
238 Sawyer Street  
Rochester, New York 14619

[REDACTED]  
[REDACTED]  
P. O. Box 11247  
Albany, New York 12211

Dear Ms. [REDACTED]:

Ms. [REDACTED], I am very grateful for having such a dental program to assist people who cannot afford to pay for dental services, and I am very much appreciative to you, especially the effort that you put into locating a dentist here in Rochester, New York that would do the dental work.

Even though Dr. [REDACTED] is a nice person, I personally, would not have chosen him nor would I recommend other patients to him due to the poor services that I have received based on the following observations and facts:

- 1) I feel that he is not matriculate with his work; he rushes. This is when the mistakes occur.
- 2) He reshaped my natural upper teeth (left side of my mouth) in order to accommodate the partial. He filed (or sanded) some of my natural teeth down near my gum line. Therefore, some of my natural teeth are shorter than the others. **You do not file a person's natural teeth down unless it is absolutely necessary, and you do not take as much off as he did.** I did question him about this. He attempted to reassure me it was ok, but it's not ok. He later said that he could build them back up again.
- 3) The partial does not fit. I have known this from the start because it was made too bulky from the beginning. I also expressed this to Dr. [REDACTED], and he said that final adjustments have to be made.
- 4) My mouth is very tender from the partial (soar), it moves inside of my mouth, and my teeth chatter whenever I eat or bite down. With my old partial, when I bite down, my top and bottom teeth meet together. With the new partial, whenever I bite down, they do not, and this is when the chattering and pain occur. As a matter of fact, I cannot bite down without it hurting. I am in tears at times.



Page 2

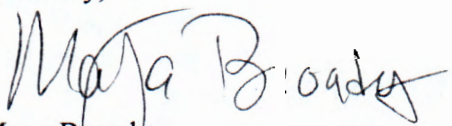
Ms. [REDACTED] I have had my share of bad experiences with dentists, even brutal ones, and I know the signs of a professional dentist versus an unprofessional dentist. From these bad experiences with former dentists, I am trying to avoid others (unnecessary extractions, spaces, bridges, etc, and now a partial). I attempted to get this across a few months ago, but at your recommendation, I allowed Dr. [REDACTED] to continue with the work. I have not worn the partial at all since receiving it last week, and will not until the problems are corrected. I feel that he should have made it identical like the old one or as close as possible versus making many modifications.

I can sense that Dr. [REDACTED] is not happy with all the corrections he made last week, but as I have indicated, the partial was too bulky from the beginning, the quality of his work is very questionable, and he reshaped my natural teeth to accommodate the partial that is not working out. By the way, he reshaped my teeth before he found out that the partial needed adjustments.

I have another appointment with Dr. [REDACTED] on June 7, 2012 to seal the tooth that had an infection, and Dr. [REDACTED] did a great job in removing the infection.

It would be an injustice to someone else if I did not inform you about the quality of work (or lack thereof) that I am receiving. I am not saying that all the dentists at [REDACTED] are unprofessional, because this too, would be an injustice to them. I just feel that Dr. [REDACTED] needs more experience in this area.

Sincerely,

  
Maya Broady